



STATE OF GEORGIA
Division of Family and Children Services

Nathan Deal
Governor

Bobby D. Cagle
Director

MEMORANDUM

TO: DFCS Vendors

FROM: Cliff O'Connor, DHS Deputy CFO-DFCS

SUBJECT: Direct Deposit of Reimbursements to Vendors

DATE: July 1, 2014

The Division of Family and Children Services (DFCS), in partnership with Systems and Methods, Inc., now processes direct deposits or direct payments for vendors currently receiving reimbursements directly from DFCS. Providing Direct Deposit to our vendors provides them with security against check loss and identify theft.

DFCS vendors can have their payments processed as either a Direct Deposit transaction or as a Direct Payment Card transaction. If there is a discrepancy in any payment amount or when to expect their payments, foster and adoptive parents can work with their caseworker to resolve the problem as they normally do.

For your convenience, the direct deposit authorization form is attached. Please select the deposit method most convenient for you (checking, savings, or direct payment card) and return the completed authorization form to the address noted. Direct Deposit requests will be processed within 7 business days after date of receipt.

In the effort to be environmentally responsible and reduce the amount of paper involved, DFCS vendors, if an email is provided, will receive an e-mail notification that a direct deposit transaction has occurred, either to their bank account or to the direct payment card. The e-mail will provide detailed transaction information to identify the purpose of the deposit. **Any vendor who does not provide an email address will need to contact their appropriate county caseworker when they have questions in regards to their payments.** Anyone who does not have an e-mail address can obtain a free e-mail account through various internet companies such as Google (www.gmail.com), Yahoo (www.yahoo.com), or Microsoft/Windows (www.hotmail.com). If you do not have a computer in your home, you can set up a free e-mail accounts through your local library system.

We encourage everyone to sign up for Direct Deposit. General information about the Direct Payment Card is addressed on the next page and should help you make an informed decision as to whether Direct Deposit or the Direct Payment Card is the best option for you.

Thank you for your assistance. We believe this is a major step forward in helping our vendors receive timely reimbursements.

If you have any questions, please feel free to contact us via Field Fiscal Services, at DFCS-FiscalServices@dhs.ga.gov.

The Bancorp Bank Visa Direct Payment Card Information

What is a Direct Payment Card? It is similar to a Debit Card that many of us use with our checking account.

Can I use it anywhere? The SMIONE GA DFCS Visa Prepaid Card allows you access to your funds 24 hours a day, 7 days a week through retail Point-of-sale (POS) terminals and Automated Teller Machines (ATMs) anywhere you see the Visa Acceptance Mark (fees may apply).

How much money can I withdraw from an ATM? Your card does not have a daily withdrawal limit so you can withdraw all of the balance as long as you do not go over the ATM machine's maximum daily withdrawal amount.

Can I go to a bank and withdraw my money? Yes, as long as the bank is marked with a VISA logo, and you have photo identification, you may withdraw the balance from your account (fees may apply).

What do I do if I lose my card? Please call 1-866-399-1704 immediately. This is the best way to minimize your potential losses.

Will I get a statement of how much is on my account? Visit www.smionecard.com to see your balance, view transactions, pay bills, set balance alerts, and more.

Direct Deposit/Direct Payment Card applications are attached. Please be sure to send the application and required documentation to the address noted on the application.

If you have questions or comments related to this upcoming enhancement, please e-mail us at DFCS-FiscalServices@dhs.ga.gov

Authorization Agreement for Electronic Payment
VENDOR

PLEASE TYPE OR PRINT INFORMATION

(all fields are required unless otherwise stated)

Primary Vendor’s Name	Secondary Vendor’s Name	Business Name
Date of Birth	Date of Birth	Origination Date
Social Security #	Social Security #	Social Security # or EIN #
E-mail Address (optional)**		
Street Address		
City, State, Zip Code, County of Residence		
PO Box Address, if applicable City, State, Zip Code		

****Email address is used to provide payment notification. If you do not provide an email address, then all questions in regards to payments must be directed to your caseworker.****

I authorize the Division of Family and Children Services (DFCS/DHS) to deposit my payments into my Bank/Direct Payment card account. DFCS/DHS is also authorized to adjust any over/under deposit that it has caused to be made to my account. I recognize that the deposit of my payments shall be made by electronic means.

The net amount of my payments is to be deposited into my (CHOOSE ONE)

☐ DHS/DFCS Direct Payment Card Account – (if choosing this method, an account number will be assigned and a SMIONE Visa card will be mailed to you.) Please provide us the NAME of the person that the card will be issued to

☐ Checking Account (if choosing this method, please attach a voided check or direct deposit letter from your bank)
Please circle which type of checking account these funds are being deposited in to:
CONSUMER Account (this is normally an individual’s bank account)
BUSINESS Account

☐ Saving Account (if choosing this method, please provide a direct deposit letter from your bank)

NOTE: If I change my bank or my bank account or my bank changes names, I am responsible for notifying the DFCS/DHS Regional Accounting office immediately and understand that they have 7 days within which to make the necessary changes.

In signing this authorization for Direct Deposit or issuance of a Direct Payment Card, I understand that certain checks will not be automatically deposited into my bank account or into my Direct Payment Card account but will be given to me. This would be for emergency situations only and will be addressed on a case by case basis.

Primary Vendor’s Signature (Required)	Date	Contact Telephone #
Secondary Vendor’s Siganature (Required)	Date	Contact Telephone #
Business Owner, President, or CEO (Required)	Date	Contact Telephone #

ATTACH VOIDED CHECK HERE

Mail to: Field Fiscal Services – Regional Accounting
Attn: Direct Deposit Representative
P.O. Box 1839
Lawrenceville, GA 30046